

Exhibit 6

Case 8:00-bk-12295-RK Doc 487-2 Filed 05/27/09 Entered 05/27/09 0:55:25 Desc
UNITED STATES BANKRUPTCY COURT Exhibit Exhibit 6-9 Page 2 of 59 DISTRICT OF CALIFORNIA

PROOF OF CLAIM

Name of Debtor
DFJ ITALIA, LTD.Case Number
SA 00-12295 JR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Colleen M EVANS & Daniel S. EVANS II

☒ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

3063 7TH STREET
BOULDER, CO 80304☐ Check box if you have never received any notices from the bankruptcy court in this case.☐ Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 303-413-8075

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

10000658

Check here ☐ replaces
if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other INVESTMENT

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)

Your SS #: _____
 Unpaid compensation for services performed
 from _____ (date) to _____ (date)

2. Date debt was incurred:

7-1-99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

\$ 13,824.09 PLUS interest @ 24% per Annum
 PLUS \$10,000 For ONRadio.COM

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☒ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
11-29-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

THIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

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COURT
COPY

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME Colleen M EVANS / Daniel S EVANS, II

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
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INVESTMENT OR LOANS

1 Amount Invested	\$ 13,824.09	\$ 10,000			
2 Date Invested	7-1-99	9-28-99			
3 Investment form (cash, check, wire, etc)	CHECK	CHECK			
4 Payee - Who was check payable to?	DFJ	LK ANTIQUES			
5 Source of Funds (IRA, Pension, 401K, etc)	IRA	PERSONAL ACCT			
6 Principal repaid	0	0			
7 Investment Program (Fininvest, Diamond, etc)	FINVEST	ONRADIO.COM			

DIVIDENDS and/or INTEREST

The Following pertains to Fininvest:

Total Dividends or Interest received

\$ 0

How were the Dividends or Interest payments made? (check, cash, wire)

N/A

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

N/A

Were Dividends or Interest payments added to your principal rather than paid?

YES (Since 7-1-99)

OTHER

DFJ sales representative

CHAD LUNA

What rate of Interest or return was promised?

24 %

Did you receive DFJ Account Ledgers or statements?

(YES) NO

SUPPORTING DOCUMENTS

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Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc.

Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

I did this.

STATE TEACHERS' RETIREMENT SYSTEM

P.O. BOX 15275

SACRAMENTO, CA 95851-0275

TOLL FREE - 1-800-228-5453

OR - (916) 229-3870

TDD - HEARING IMPAIRED -
(916) 229-3541

JUNE 11, 1999

COLLEEN M. EVANS
3063 7TH ST
BOULDER CO

RE:

ACCOUNT SSN: 566-75-3770

MEMBERSHIP DATE: 09/10/1990

BIRTH DATE: 01/20/1966

REQUEST DATE: 06/11/1999

80304

STATEMENT OF ACCOUNT

THE FOLLOWING IS A STATEMENT OF THE TOTAL SERVICE CREDIT, CONTRIBUTIONS AND INTEREST POSTED TO THE ACCOUNT AS OF THE REQUEST DATE. DATA FOR THE MOST RECENT SERVICE MAY NOT BE INCLUDED DUE TO THE TIME REQUIRED TO RECEIVE AND PROCESS EMPLOYER REPORTS. INTEREST IS CURRENTLY CREDITED ON CONTRIBUTIONS AT A RATE OF 06.000% PER ANNUM.

DATE	SERVICE CREDIT	CONTRIBUTIONS	MEMBER PAID INTEREST	TAX DEFERRED CONTRIBUTIONS	INTEREST
06/30/1998	4.362	\$	0.00	\$	9,612.88
			0.00		3,428.71
00/00 00/00	0.000		0.00		740.63
06/11/1999	4.362		0.00	9,612.88	4,169.34
ACCUM CONTRIBUTIONS AND INTEREST:	\$	0.00		\$	13,782.22

TOTAL CONTRIBUTIONS AND INTEREST: \$ 13,782.22

THIS STATEMENT REFLECTS INFORMATION REPORTED BY YOUR EMPLOYER. IT IS NOT A CERTIFICATION THAT THE SERVICE CREDIT IS CORRECT, NOR THAT THE PROPER RETIREMENT CONTRIBUTIONS HAVE BEEN PAID. PLEASE CONTACT YOUR EMPLOYER IF THE INFORMATION ON THIS STATEMENT DOES NOT AGREE WITH YOUR RECORDS.

MEMBER SERVICES DIVISION

PS1446

Evans & Associates

Memo

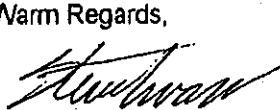
To: Tom Casey
From: Steve Evans (Daniel S. Evans II)
Colleen Evans
CC: File
Date: 3/27/00
Re: Fininvest Fund/DFJ, Italia

I would like to make you aware that my wife and I are investors in the Fininvest Fund which is managed by DFJ, Italia. We made our initial investment into the fund in July of 1999 in the amount of \$13, 824.09. The last statement we received from the company, which was in February of this year, showed a balance of \$15, 879.53 and we were due to receive our latest statement this week, which would have showed a balance of \$16,179.11 in our account.

We are aware of the investigation into this fund and its management, but lack information as to the extent of the investigation or any results thus far. We would like to be kept informed and are hopeful that we will be able to recover our initial investment as well as interest due to date.

As trustee appointed by the court, we would appreciate your help with this matter. Thank you, in advance, for your help. For your convenience, I have enclosed copies of my Investment Agreement as well as the February 2000 statement.

Warm Regards,



Steve Evans



Colleen Evans

303-413-8075

--- TO DFJ
COLLEEN M EVANS
BF 566753770
18881 VON KARMAN AVE, STE 220
IRVINE CA 92612

DOLLARS	CENTS
\$ ***13824	09

Kathleen Connell
KATHLEEN CONNELL
STATE CONTROLLER



01211134230 18148718711

DETACH AT DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

18-148718

STATE TEACHERS' RETIREMENT EVANS
P.O. BOX 15275 3063 7TH ST
SACRAMENTO, CA 95851-0275 BOULDER CO
PHONE (916) 229-3870
TOLL FREE 1-800-228-5453
TDD-DEAF ONLY (916) 229-3541

COLLEEN M

80304

ACCOUNT-SSN: 566-75-3770

REFUND OF ACCUMULATED CONTRIBUTIONS - FIRST PHASE
RETAIN THIS LETTER FOR YOUR RECORDS.

TRUSTEE-TO-TRUSTEE TRANSFER AMOUNT \$13824.09

THIS REFUND WAS PROCESSED ON 06/23/1999.

Account Number 10000658

SSN/Tax ID

Statement Date: 07/03/99

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Account Holder Evans, Colleen M.

Address 3063 7th St.
Boulder, CO 80304
US

Phone 0-

Account Type Fininvest

Account Rep Chad Lund

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-24459	07/01/99	*	Initial Deposit		13,824.09
Total Activity				0.00	13,824.09

Ending Balance
\$13,824.09



Account Num 10000658

SSN/Tax ID

02/17/00

Account Address Evans, Colleen M.
3063 7th St.
Boulder, CO 80304
US

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Statement Period:
From 01/16/00
Thru 02/15/00

Account Type 001

Beginning Balance

Account Rep 004

\$15,568.16

Phone ()-

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3292	02/15/00	001	Dividend Earnings		311.36
Total Activity				0.00	311.36

Ending Balance
\$15,879.52

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Evans & Associates

Memo

To: Katherine Gough
Gough, Squar, Milner, Reehl & Williamson
From: Steve Evans *Steve*
CC: File
Date: 4/27/00
Re: DFJ, Italia

Ms. Gough:

I saw on Thomas Casey's website that we were to send information to you regarding our investment in the Fininvest Fund. I called Janet Hogan because I already had sent some information directly to Tom Casey on March 27, 2000. Although she mentioned that you were working directly with Tom's office on this matter, I have sent duplicate copies of the material I sent to Tom, as well as copies of additional information, namely a copy of the check to DFJ (please note that this account was a transfer of my wife's IRA from California State Teachers Retirement to DFJ, so I do not have a copy of an endorsed check), a copy of the STRS Refund Distribution Agreement and a copy of an account ledger dated July 3, 1999 showing our deposit of \$13, 824.09. This is additional material to what I sent to Mr. Casey, also enclosed herewith.

Chad Lund of DFJ was our account representative. Our contact information is as follows:

Daniel S. Evans II (Steve) and Colleen Evans

3063 7th Street

Boulder, CO 80304

303-413-8075

Thank you for your assistance to this matter. One further question; is my \$10,000 investment in the pre-IPO for Onradio.com affected by this scam?

Steve Evans

***Fininvest Bridge Funding
Investment/Loan Agreement***

DFJ, the "Managing Director" hereinafter referred to as "MD," of the Fininvest Bridge Fund, and
Colleen M. Evans, the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of its investment, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, Fininvest Bridge Fund, nor any of their subsidiaries.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding, officers and employees; nor shall the "BA," his/her agent(s), representative(s) have any voice in the day-to-day operations of either Fininvest Bridge Fund, or the "MD."

Colleen M. Evans's Sole Relationship to the FUND and the "MD" is best described as a
Bridge Fund Depositor, or Bridge Associate.

Colleen M. Evans shall be admitted as a Depositor upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of 13,824.09 \$US for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principle. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed at a guaranteed 24% annual interest rate for another eighteen-month period unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notifications of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principle deposit plus accrued interest within 14 days of said notice.

If the "BA" chooses to terminate the contract prior to the initial 18 month agreement, the "MD" shall deliver the principle investment minus all interest paid to "BA" within 14 days of said notice.

Upon Death, incapacity, or legal disability of the "BA," the "MD" shall contact said beneficiary and offer the option of returning said principle and accrued interest within 14 days or leaving said contract in place and allow the beneficiary to assume said contract and receive all interest payments from that day forward.

The "MD" shall pay a guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month based on the initial investment deposit amount in \$US.

The "BA" understands that Fininvest Bridge Fund is a DFJ offshore investment vehicle and is not responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Depositors responsibility to report all earnings to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ, its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for nonpayment of taxes. Fininvest Bridge Fund Bank is backed and guaranteed by DFJ Italia, LTD.

I would like my monthly interest payments in the form of (select one):

- ☐ Check
- ☐ Wire Transfer into my personal account
- ☐ Direct deposit to offshore account
- ☒ Roll Over

Make checks payable to DFJ

Depositor name and address:

Name	Colleen M Evans
Street Address	3063 7TH ST
City/State/Zip code	Boulder, CO 80304
Telephone	303-413-8070
E-Mail/Fax	303-413-8074

DOB: 1-20-66 Soc. Sec. # 566 - 75 - 3770 Drivers Lic. # 95-303-0949

Beneficiary name and address:

Name	Daniel S. Evans II
Street Address	
City/State/Zip code	
Telephone	
E-Mail/Fax	

SAME

DOB: 6-6-65 Soc. Sec. # 533 - 84 - 3950 Drivers Lic. # 95-303-0945


DFJ Representative:

Name	Chad D. Lund
Street Address	18881 Von Karman Ave. Suite 220
City/State/Zip code	Irvine, CA. 92612
Telephone	949-955-2490 x 234
E-Mail/Fax	949-955-2497

Agreed to and signed this day:


Signature of Depositor

Representative:


Chad D. Lund
18881 Von Karman Ave. Suite 220
Irvine, CA. 92612
949-955-2490 Ext. 234

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.
 A DELAY IN PROCESSING MAY OCCUR IF ALL REQUESTED INFORMATION IS
 NOT PROVIDED. (IN ORDER TO RECEIVE YOUR REFUND YOU MUST HAVE
 TERMINATED EMPLOYMENT.)

STRS USE ONLY
DATE OF RECEIPT

Social Security Number 566-75-3770	Name (last) EVANS (first) COLLEEN (initial) M
Birthdate (mo/day/yr) 1 / 20 / 66	Mailing Address (number) 3063 (street) 7TH STREET (apt. #)
Telephone Number (Daytime) 303 413-8070	(city) BOULDER, CO (state) 80304 (zip code)

County of Employment

List the county in which you were last employed and your last day of employment. If you were employed by more than one county, you must submit a separate refund application certified by each County Superintendent.

County of Employment	Last Day of Employment	County of Employment	Last Day of Employment
ORANGE COUNTY	June 15, 1995		

Refund Distribution

I have read the Notification of Income Tax Withholding (MS-1357) that was included in the Refund Application packet and have received the 30 day notification. The 30 day notification period has either been met, or I have waived the notification period and hereby apply for a refund.

I have selected ONE of the following three distribution choices for my refund from the State Teachers' Retirement System.

Place "X" next to one of the three distribution methods below:

I. ☐ I elect to have my refund mailed directly to me at the address listed above.

I understand that 20 % Federal income tax will be withheld from the taxable portion of this distribution and 6 % California State income tax will be withheld unless I specify NO State income tax is to be withheld.


Federal Income Tax ☒ YES CA State Income Tax ☐ YES ☐ NO

OR

II. ☒ I elect a COMPLETE TRANSFER of all the contributions and interest which are eligible for a direct trustee-to-trustee transfer to the qualified trust plan listed below.

☐ IRA

☒ OTHER QUALIFIED PLAN

Name of the Financial Institution DEFJ	Account Number BF 566-75-3770
Institution Address (number) 18881 (street) VON KARMAN AVE, SUITE 220 (city) CALIFORNIA (state) 92499 (zip code) 	Date 6-18-99
Signature of Institution Representative 	

I understand that this refund distribution is exempt from Federal and State income tax withholding.

Federal Income Tax ☒ NO State Income Tax ☒ NO
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II ☐ I elect a PARTIAL TRANSFER of the contributions and interest which are eligible for a direct trustee-to-trustee transfer to the qualified trust plan listed below.

☐ IRA

☐ OTHER QUALIFIED PLAN

Amount to Transfer	OR	Percentage to Transfer (Indicate 1 - 99 %)
Name of Financial Institution	Account Number	
Institution Address (number) (street) (city) (state) (zip code)		
Signature of Institution Representative	Date	

I understand that Federal and State income tax will not be withheld from the portion of the refund that is transferred, but the remaining balance that I receive directly will be subject to 20% Federal withholding and 6 % CA State income tax will be withheld unless I specify NO State income tax is to be withheld.

Direct Receipt

Transferred

Federal Income Tax ☒ YES

Federal Income Tax

☒ NO

CA State Income Tax ☐ YES ☐ NO

CA State Income Tax

☒ NO

☐ I am not married (i.e. single, divorced, or widowed). ☐ I have attached a completed "Justification of Non-Signature of Spouse" (MS-1125 A)

SPOUSE'S SIGNATURE

DATE (mo/day/yr)

6/15/99

I hereby apply for a refund of my account in the State Teachers' Retirement System. I fully understand that the mailing of my initial refund check terminates all existing service credit and all rights and benefits to which I was entitled prior thereto. Further, I certify under penalty of perjury under the laws of the State of California, that the information submitted here is full, complete and true according to the best of my knowledge, and that no material facts have been omitted, and that the spousal signature is in fact the true signature of my spouse; or if no spousal signature appears, that I have completed and submitted the "Justification of Non-Signature of Spouse" (MS-1125 A), or I am not married and have checked the box above. I understand that perjury is punishable by imprisonment in the State Prison for up to four years. Penal Code section 126.

APPLICANT'S SIGNATURE

DATE (mo/day/yr)

6/15/99

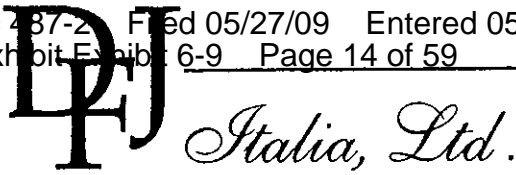
NOTE: Photocopied signatures are unacceptable.

Certification by Superintendent of Schools

(This section must be completed by your employer if you were employed within the last 12 months.)

An employee must terminate employment before applying for a refund. I hereby certify that the individual named below has completely terminated all employment with this county or independent district.

Social Security Number	Employee Name (last) (first) (initial)
Termination Date (mo/day/yr)	Employer Code
SIGNATURE OF SCHOOL OFFICIAL	Unit Code
	Official Title
	DATE (mo/day/yr)



Account Num 10000658

SSN/Tax ID

07/17/99

Account Address Evans, Colleen M.
3063 7th St.
Boulder, CO 80304
US

Page 1

Statement Period:
From 06/16/99
Thru 07/15/99

Phone ()- Account Type 001
Account Rep 004

Beginning Balance
\$0.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2445	07/01/99	*	Initial Deposit		13,824.09
Total Activity				0.00	13,824.09

Ending Balance
\$13,824.09

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STATE TEACHERS' RETIREMENT SYSTEM
P.O. BOX 15275
SACRAMENTO, CA 95851-0275

Toll Free - 1-800-228-5453
or - (916) 229-3870
Hearing Impaired (916) 229-3541
Teletalk 1-800-222-8844



COLLEEN EVANS
3063 7TH ST
BOULDER CO

80304

SSN: 566-75-3770

DATE: June 23, 1999

REFUND PROCESS NOTIFICATION

RF 0452 (New 10/95)

Refund Status And Process

Your refund application has been received and processed. The funds in your account will be mailed within approximately fourteen days. If you have recent employment, some of your contributions may not yet be reported to the California State Teachers' Retirement System (STRS). In that case, a second phase refund will be generated in approximately four months. Specific details about the distribution of the refund will be provided on the warrant stub, or by a separate letter if the refund is rolled over via a trustee-to-trustee transfer.

Surrendering All Future Benefits

The initial distribution of funds will result in the closure of your account with STRS, effective with the first phase refund date. All rights, including future benefits from STRS represented by this service, end with this refund. If you have vested retirement rights, either with STRS or by concurrent retirement with another California public retirement system, you are surrendering a lifelong monthly benefit and other potential benefits.

How to Cancel This Refund

You may cancel this refund within 30 days of mailing by returning the gross refund amount to STRS. If the refund involves a transfer to a trustee, the cancellation process requires that you instruct the transfer institution to return the original warrant directly to STRS. If your refund is rolled over to a trustee, you are not permitted by law to directly repay STRS.

Right to Redeposit

If you return to teaching in a public school in California or to other specified public service in California, you may have the right to redeposit these funds, restore service credit, and establish eligibility for retirement and other benefits.

Questions

If you have a question about this refund, benefits you are waiving, cancellation processes or how to initiate a redeposit you may write or call STRS Public Service at the address or telephone numbers above.

Ken Dalpe, Supervisor
Benefit Adjustment Unit
Service Retirements Division

Exhibit 7

UNITED STATES BANKRUPTCY COURT District of Columbia Case No. 03-000122-95-JR Doc 487-2 Filed 05/27/09 Entered 05/27/09 10:55:25 Desc

Name of Debtor: **DFJ ITALIA, LTD.** Exhibit Exhibit 6-9 Page 17 of 59 Case Number: SA 00-12295 JR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): **E. Langer** ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent: **3102 Whiteclark Road Cheyenne WY 82001-6140** ☐ Check box if you have never received any notices from the bankruptcy court in this case.

Telephone number: **307-634-1168** ☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor: **Acct # 10000357** Check here if this claim ☒ replaces ☐ amends a previously filed claim, dated: **2**

1. Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other **Moving In and Out - moved Bridge**
☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)
 Your SS #: **115**
 Unpaid compensation for services performed from **_____** (date) to **_____** (date)

2. Date debt was incurred: _____ 3. If court judgment, date obtained: _____

4. Total Amount of Claim at Time Case Filed: **\$ 11,300.00**
 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).
 Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other _____
 Value of Collateral: \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.
☒ Check this box if you have an unsecured priority claim
 Amount entitled to priority \$ **11,300.00**
 Specify the priority of the claim:
☐ Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).
 * Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.
 Date: **11-15-2000**
 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): **Lawrence E. Langer, Senior Vice President**

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

DEC 26 PM 2:20

U.S. BANKRUPTCY COURT DISTRICT OF COLUMBIA

DEPUTY

THIS SPACE IS FOR COURT USE ONLY

THIS SPACE IS FOR COURT USE ONLY

11-15-2000
5/9/05

Scanned By: **12**

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME Wicki M & Lawrence E. Langer

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
--------------	--------------	--------------	--------------	--------------

INVESTMENT OR LOANS

1 Amount Invested	\$ 11,300.00	\$	\$	\$	\$
2 Date Invested	2-23-1999				
3 Investment form (cash, check, wire, etc)	* transfer Prudential				
4 Payee - Who was check payable to?	DFJ Italia LTD				
5 Source of Funds (IRA, Pension, 401K, etc)	IRA				
6 Principal repaid	<input checked="" type="checkbox"/>				
7 Investment Program (Fininvest, Diamond, etc)	FINVEST				

DIVIDENDS and/or INTEREST

Total Dividends or Interest received

\$ 11,450.00

How were the Dividends or Interest payments made? (check, cash, wire)

check

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

qtrly

Were Dividends or Interest payments added to your principal rather than paid?

Yes

OTHER

DFJ sales representative

Chad Langer

What rate of Interest or return was promised?

24 %/year

Did you receive DFJ Account Ledgers or statements?

YES NO

SUPPORTING DOCUMENTS

EXHIBIT 7 PAGE 90

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

Fininvest Bridge Funding Investment/Loan Agreement

DFJ, the "Managing Director" hereinafter referred to as "MD," of the Fininvest Bridge Fund, and
Larry E. Langer, the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of its investment, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, Fininvest Bridge Fund, nor any of their subsidiaries.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding, officers and employees; nor shall the "BA," his/her agent(s), representative(s) have any voice in the day-to-day operations of either Fininvest Bridge Fund, or the "MD."

Larry E. Langer's Sole Relationship to the FUND and the "MD" is best described as a
Langer Bridge Fund Depositor, or Bridge Associate.

Larry E. Langer shall be admitted as a Depositor upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of _____ \$US for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principle. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed at a guaranteed 24% annual interest rate for another eighteen-month period unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notifications of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principle deposit plus accrued interest within 14 days of said notice.

If the "BA" chooses to terminate the contract prior to the initial 18 month agreement, the "MD" shall deliver the principle investment minus all interest paid to "BA" within 14 days of said notice.

Upon Death, incapacity, or legal disability of the "BA," the "MD" shall contact said beneficiary and offer the option of returning said principle and accrued interest within 14 days or leaving said contract in place and allow the beneficiary to assume said contract and receive all interest payments from that day forward.

The "MD" shall pay a guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month based on the initial investment deposit amount in \$US.

The "BA" shall not be responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Depositors responsibility to report all earnings to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ, its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for nonpayment of taxes. Fininvest Bridge Fund Bank is backed and guaranteed by DFJ Italia, LTD.

I would like my monthly interest payments in the form of (select one):

- ☐ Check
- ☐ Wire Transfer into my personal account
- ☐ Direct deposit to offshore account
- ☒ Roll Over

Make checks payable to DFJ

Depositor name and address:

Name	Larry E. Vicki M. Langer
Street Address	3102 Whitecloud Rd
City/State/Zip code	Cheyenne WY 82001-6140
Telephone	307-634-1168
E-Mail/Fax	larry@netdomain.com

DOB: 11/21/47 Soc. Sec. # 475 - 52 - 6005 Drivers Lic. # _____

Beneficiary name and address:

Name	Vicki M Langer
Street Address	3102 Whitecloud Rd
City/State/Zip code	Cheyenne WY 82001-6140
Telephone	307 634 1168
E-Mail/Fax	Vicki@netdomain.com

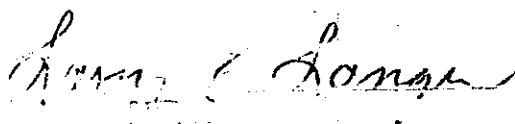
DOB: _____ Soc. Sec. # _____ Drivers Lic. # _____

DFJ Representative:

Name	Chad M. Langer
Street Address	18881 Von Karman Ave. Suite 220
City/State/Zip code	Irvine, CA. 92612
Telephone	949-955-2490 x 251
E-Mail/Fax	949-955-2497

Agreed to and signed this day:

Representative:



Chad M. Langer
18881 Von Karman Ave. Suite 220
Irvine, CA. 92612
949-955-2490 Ext. 251



Italia, Ltd.

REFERENCES

Please feel free to contact the following DFJ Clients,
who have agreed to act as references:

Bruce Tamaren, President (210) 479-7887
Global Asset Management
San Antonio, Texas

David Cornwell, of Counsel (949) 720-8700
Steinberg & Moorad
Newport Beach, California

Richard Dunham, CPA (949) 474-0211
RDA Financial
Irvine, California

Dena L. Cooper, Financial Planner (800) 539-6926
Los Angeles, California

Michael Piekarz, Criminal Attorney (916) 729-7716
Sacramento, California

Scott Clarey, Insurance Executive (949) 263-5000
Irvine, California Ext. 13

Exhibit 7 Page 93

January 21, 1999

Prudential

Account # 002/03900336051
Vicki M. Langer
Soc. Sec # 520-50-7665

To Whom It May Concern,

This is a letter of instruction requesting that you do the following:

1. **Immediately** liquidate the above plan(s). Please make no attempt at conservation.

2. Transfer the proceeds from/for the above account to **D.F.J.**

The proceeds are to be used to purchase a " Qualified IRA " contract under my retirement plan.

Please make the check(s) payable to **D.F.J.** The check(s) then should be forwarded to the following:

D.F.J. Italia
18881 Von Karman Ave Suite 220
Irvine, CA 92612

Your prompt attention will be appreciated.

Sincerely,

X *Vicki M Langer*
Vicki M. Langer

January 21, 1999

Prudential

Account # 002/03900336034

Lawrence E. Langer

Soc. Sec # 475-52-6005

To Whom It May Concern,

This is a letter of instruction requesting that you do the following:

1. **Immediately** liquidate the above plan(s). Please make no attempt at conservation.

2. Transfer the proceeds from/for the above account to **D.F.J.**

The proceeds are to be used to purchase a " Qualified IRA " contract under my retirement plan.

Please make the check(s) payable to **D.F.J.** The check(s) then should be forwarded to the following:

D.F.J. Italia
18881 Von Karman Ave Suite 220
Irvine, CA 92612

Your prompt attention will be appreciated.

Sincerely,

X Larry E. Langer
Larry E. Langer

Your Account Number Is: 03900336034

PRUDENTIAL BANK AND TRUST CO
C/F THE IRA OF
LAWRENCE E LANGER
3102 WHITECLOUD RD
CHEYENNE WY 82001-6140

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Page 1 of 1

Fund Name Fund Class & Fund Number	Description	Transaction Dollars	Share Price	Number of Shares Purchased or Sold	End of Day Shares
Prudential Utility Fd:	Transfer of Assets-Check	(\$5,154.89)			
21B Fd # 0002	Sales Charge	(\$30.55)			
	Annual Fee	(\$12.00)			
	Closeout Fee	(\$10.00)			
	Total Transaction	(\$5,207.44)	\$11.10	(469.139)	0.000

CLAYTON GRAY LUTCF (307)635-2744

**Prudential Mutual Fund Services LLC strives for quality processing. Was this transaction executed to your satisfaction?
Please call our toll-free Customer Service number - (800) 225-1852**

Please refer to the reverse side for additional information. Retain this copy for your records.

ACCOUNT OWNER(S)

PRUDENTIAL BANK AND TRUST CO
C/F THE IRA OF
LAWRENCE E LANGER

Please use this form to make an additional investment to your mutual fund account(s).

Please indicate the dollar amount you wish to invest on the line below, next to your fund/class. List the total amount of your investment and make your check or money order payable to PMFS.

Please Note: Additional contributions for the 1998 tax year can be deposited into your retirement accounts until April 15, 1999. Please indicate the dollar amount in the boxes below.

Your Retirement Account Holdings	Fund Number	1998	1999
PRU UTILITY: B	0002	\$	\$

Fee Amount

S

Total Investment

§

Your Account Number is: 03900336034
Your SSN/Tax ID is: 475-52-6005

EXHIBIT 7 PAGE 96

039003360349000200000000000000000000000004903

Abstract

CLIENT CONFIRMATION
Your Account Number Is: 03900336051

COUNT OWNER(S):

PRUDENTIAL BANK AND TRUST CO
C/F THE IRA OF
VICKI M LANGER
3102 WHITE CLOUD RD
CHEYENNE WY 82001-6140

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Page 1 of 1

We Confirm Your Mutual Fund Activity on 2/16/1999 For The Following:

Fund Name Fund Class & Fund Number	Description	Transaction Dollars	Share Price	Number of Shares Purchased or Sold	End of Day Shares
Prudential Utility Fd:	Transfer of Assets-Check	(\$5,197.05)			
CB Fd # 0002	Sales Charge	(\$30.55)			
	Annual Fee	(\$12.00)			
	Closeout Fee	(\$10.00)			
	Total Transaction	(\$5,249.60)	\$11.10	(472.937)	0.000

Registered Representative(s): For Prudential Utility Fd: C1 B Fd # 0002

CLAYTON GRAY LUTCF (307)635-2744

Prudential Mutual Fund Services LLC strives for quality processing. Was this transaction executed to your satisfaction?
Please call our toll-free Customer Service number - (800) 225-1852

Please refer to the reverse side for additional information. Retain this copy for your records.

Additional Investment Form

ACCOUNT OWNER(S)

PRUDENTIAL BANK AND TRUST CO
C/F THE IRA OF
VICKI M LANGER

Please use this form to make an additional investment to your mutual fund account(s).

Please indicate the dollar amount you wish to invest on the line below, next to your fund/class.
List the total amount of your investment and make your check or money order payable to PMFS.

Please Note: Additional contributions for the 1998 tax year can be deposited into your retirement accounts until April 15, 1999. Please indicate the dollar amount in the boxes below.

Your Retirement Account Holdings	Fund Number	1998	1999
PRU UTILITY: B	0002	\$	\$

Fee Amount	Total Investment
\$	\$

Your Account Number is: 03900336051
Your SSN/Tax ID is: 520-50-7665



Italia, Ltd.

01/23/1999

Page 1

() -

Date	Beg Balance	Interest	Deposit	Withdrawal	End Balance
					11,526.00
02/23/1999	11,300.00	226.00			11,526.00
03/23/1999	11,526.00	230.52			11,991.65
04/23/1999	11,756.52	235.13			12,231.48
05/23/1999	11,991.65	239.83			12,476.11
06/23/1999	12,231.48	244.63			12,725.64
07/23/1999	12,476.11	249.52			12,980.15
08/23/1999	12,725.64	254.51			13,239.75
09/23/1999	12,980.15	259.60			13,504.55
10/23/1999	13,239.75	264.80			13,774.64
11/23/1999	13,504.55	270.09			14,050.13
12/23/1999	13,774.64	275.49			14,331.13
01/23/2000	14,050.13	281.00			14,617.75
02/23/2000	14,331.13	286.62			14,910.11
03/23/2000	14,617.75	292.36			15,208.31
04/23/2000	14,910.11	298.20			15,512.48
05/23/2000	15,208.31	304.17			15,822.73
06/23/2000	15,512.48	310.25			16,139.18
07/23/2000	15,822.73	316.45			16,461.97
08/23/2000	16,139.18	322.78			16,791.21
09/23/2000	16,461.97	329.24			17,127.03
10/23/2000	16,791.21	335.82			17,469.57
11/23/2000	17,127.03	342.54			17,818.96
12/23/2000	17,469.57	349.39			18,175.34
01/23/2001	17,818.96	356.38			18,538.85
02/23/2001	18,175.34	363.51			18,909.62
03/23/2001	18,538.85	370.78			19,287.82
04/23/2001	18,909.62	378.19			19,673.57
05/23/2001	19,287.82	385.76			20,067.05
06/23/2001	19,673.57	393.47			20,468.39
07/23/2001	20,067.05	401.34			20,877.75
08/23/2001	20,468.39	409.37			21,295.31
09/23/2001	20,877.75	417.56			21,721.21
10/23/2001	21,295.31	425.91			22,155.64
11/23/2001	21,721.21	434.42			22,598.75
12/23/2001	22,155.64	443.11			23,050.73
01/23/2002	22,598.75	451.98			23,511.74
02/23/2002	23,050.73	461.01			23,981.98
03/23/2002	23,511.74	470.23			24,461.62
04/23/2002	23,981.98	479.64			24,950.85
05/23/2002	24,461.62	489.23			

Date	Beg Balance	Interest	Exhibit 6-9	Page 27 of 59	Withdrawal	Desc
06/23/2002	24,950.85	499.02				25,449.87
07/23/2002	25,449.87	509.00				25,958.86
08/23/2002	25,958.86	519.18				26,478.04
09/23/2002	26,478.04	529.56				27,007.60
10/23/2002	27,007.60	540.15				27,547.75
11/23/2002	27,547.75	550.96				28,098.71
12/23/2002	28,098.71	561.97				28,660.68
01/23/2003	28,660.68	573.21				29,233.90
02/23/2003	29,233.90	584.68				29,818.57
03/23/2003	29,818.57	596.37				30,414.94
04/23/2003	30,414.94	608.30				31,023.24
05/23/2003	31,023.24	620.46				31,643.71
06/23/2003	31,643.71	632.87				32,276.58
07/23/2003	32,276.58	645.53				32,922.11
08/23/2003	32,922.11	658.44				33,580.56
09/23/2003	33,580.56	671.61				34,252.17
10/23/2003	34,252.17	685.04				34,937.21
11/23/2003	34,937.21	698.74				35,635.96
12/23/2003	35,635.96	712.72				36,348.67
01/23/2004	36,348.67	726.97				37,075.65
02/23/2004	37,075.65	741.51				37,817.16
03/23/2004	37,817.16	756.34				38,573.50
04/23/2004	38,573.50	771.47				39,344.97
05/23/2004	39,344.97	786.90				40,131.87
06/23/2004	40,131.87	802.64				40,934.51
07/23/2004	40,934.51	818.69				41,753.20
08/23/2004	41,753.20	835.06				42,588.27
09/23/2004	42,588.27	851.77				43,440.03
10/23/2004	43,440.03	868.80				44,308.83
11/23/2004	44,308.83	886.18				45,195.01
12/23/2004	45,195.01	903.90				46,098.91
01/23/2005	46,098.91	921.98				47,020.89
02/23/2005	47,020.89	940.42				47,961.30
03/23/2005	47,961.30	959.23				48,920.53
04/23/2005	48,920.53	978.41				49,898.94
05/23/2005	49,898.94	997.98				50,896.92
06/23/2005	50,896.92	1,017.94				51,914.86
07/23/2005	51,914.86	1,038.30				52,953.16
08/23/2005	52,953.16	1,059.06				54,012.22
09/23/2005	54,012.22	1,080.24				55,092.46
10/23/2005	55,092.46	1,101.85				56,194.31
11/23/2005	56,194.31	1,123.89				57,318.20
12/23/2005	57,318.20	1,146.36				58,464.56
01/23/2006	58,464.56	1,169.29				59,633.85
02/23/2006	59,633.85	1,192.68				60,826.53
03/23/2006	60,826.53	1,216.53				62,043.06
04/23/2006	62,043.06	1,240.86				63,283.92
05/23/2006	63,283.92	1,265.68				64,549.60
06/23/2006	64,549.60	1,290.99				65,840.59
07/23/2006	65,840.59	1,316.81				67,157.40

EXHIBIT 7 PAGE 99

Date	Beg Balance	Interest	Deposit	Withdrawal	End Balance
08/23/2006	67,157.40	1,343.15			68,500.55
09/23/2006	68,500.55	1,370.01			69,870.56
10/23/2006	69,870.56	1,397.41			71,267.97
11/23/2006	71,267.97	1,425.36			72,693.33
12/23/2006	72,693.33	1,453.87			74,147.20
01/23/2007	74,147.20	1,482.94			75,630.14
02/23/2007	75,630.14	1,512.60			77,142.75
03/23/2007	77,142.75	1,542.85			78,685.60
04/23/2007	78,685.60	1,573.71			80,259.31
05/23/2007	80,259.31	1,605.19			81,864.50
06/23/2007	81,864.50	1,637.29			83,501.79
07/23/2007	83,501.79	1,670.04			85,171.83
08/23/2007	85,171.83	1,703.44			86,875.26
09/23/2007	86,875.26	1,737.51			88,612.77
10/23/2007	88,612.77	1,772.26			90,385.02
11/23/2007	90,385.02	1,807.70			92,192.72
12/23/2007	92,192.72	1,843.85			94,036.58
01/23/2008	94,036.58	1,880.73			95,917.31
02/23/2008	95,917.31	1,918.35			97,835.66
03/23/2008	97,835.66	1,956.71			99,792.37
04/23/2008	99,792.37	1,995.85			101,788.22
05/23/2008	101,788.22	2,035.76			103,823.98
06/23/2008	103,823.98	2,076.48			105,900.46
07/23/2008	105,900.46	2,118.01			108,018.47
08/23/2008	108,018.47	2,160.37			110,178.84
09/23/2008	110,178.84	2,203.58			112,382.42
10/23/2008	112,382.42	2,247.65			114,630.07
11/23/2008	114,630.07	2,292.60			116,922.67
12/23/2008	116,922.67	2,338.45			119,261.12
01/23/2009	119,261.12	2,385.22			121,646.34

Tot Interest

110,346.31

Interest Rate

0.020

Term (Months)

120

Ini Balance

11,300.00

EXHIBIT 7 PAGE 100



Italia, Ltd.

Account Num 10000357

SSN/Tax ID 475526005

03/04/99

Page 1

Account Address Langer, Larry E. and Vicky
3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:

From 02/02/99

Thru 03/01/99

Phone (307) 634-1168

Account Type 001

Account Rep 001

Beginning Balance

\$0.00

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-1555	02/23/99	*	Initial Deposit		10,351.94
Total Activity				0.00	10,351.94

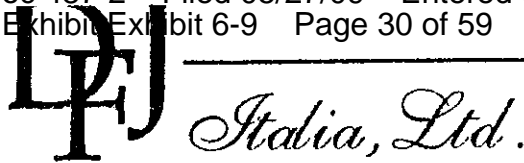
Ending Balance

\$10,351.94

5207.44
5249.60
10457.04
10351.94
10510

Total IRA
Pending

Cost of Transactions



Account Num 10000357

SSN/Tax ID 475526005

04/03/99

Page 1

Account Address Langer, Larry E. and Vicky
3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 03/02/99
Thru 04/01/99

Phone (307) 634-1168

Account Type 001

Beginning Balance

Account Rep 001

\$10,351.94

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-1956	04/01/99	001	Dividend Earnings		207.04
Total Activity				0.00	207.04

Ending Balance
\$10,558.98

*Italia, Ltd.*

Account Num 10000357

SSN/Tax ID 475526005

05/02/99

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:

From 04/02/99

Thru 05/01/99

Phone (307) 634-1168

Account Type 001

Beginning Balance

Account Rep 001

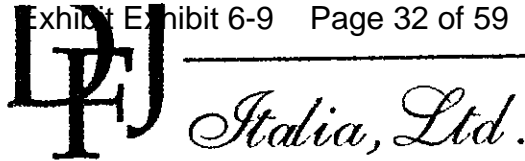
\$10,558.98

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2199	05/01/99	001	Dividend Earnings		211.18
Total Activity				0.00	211.18

Ending Balance

\$10,770.16

EXHIBIT 7 PAGE 103



Account Num 10000357

SSN/Tax ID 475526005

06/03/99

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 05/02/99
Thru 06/01/99

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$10,770.16

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2310	06/01/99	001	Dividend Earnings		215.40
Total Activity				0.00	215.40

Ending Balance
\$10,985.56

EXHIBIT 7 PAGE 104



Account Num 10000357

SSN/Tax ID 475526005

07/03/99

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Page 1

Statement Period:
From 06/02/99
Thru 07/01/99

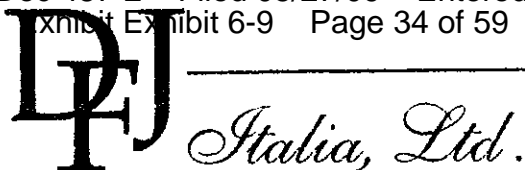
Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$10,985.56

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2426	07/01/99	001	Dividend Earnings		219.71
Total Activity				0.00	219.71

Ending Balance
\$11,205.27



Account Num 10000357

SSN/Tax ID 475526005

08/04/99

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 07/02/99
Thru 08/01/99

Phone (307) 634-1168

Account Type 001

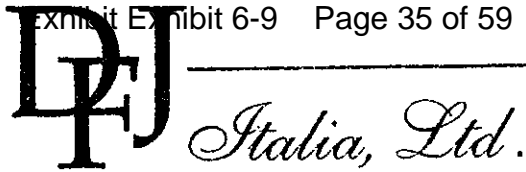
Account Rep 001

Beginning Balance
\$11,205.27

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2544	08/01/99	001	Dividend Earnings		224.11
Total Activity				0.00	224.11

Ending Balance
\$11,429.38

EXHIBIT 7 PAGE 106



Account Num 10000357

SSN/Tax ID 475526005

09/03/99

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 08/02/99
Thru 09/01/99

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$11,429.38

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2654	09/01/99	001	Dividend Earnings		228.59
Total Activity				0.00	228.59

Ending Balance
\$11,657.97

EXHIBIT 7 PAGE 107

*Italia, Ltd.*

Account Num 10000357

SSN/Tax ID 475526005

10/03/99

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 09/02/99
Thru 10/01/99

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$11,657.97

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2763	10/01/99	001	Dividend Earnings		233.16
Total Activity				0.00	233.16

Ending Balance
\$11,891.13

EXHIBIT 7 PAGE 108



Account Num 10000357

SSN/Tax ID 475526005

11/03/99

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 10/02/99
Thru 11/01/99

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$11,891.13

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2873	11/01/99	001	Dividend Earnings		237.82
Total Activity				0.00	237.82

Ending Balance
\$12,128.95

EXHIBIT 7 PAGE 109



Account Num 10000357

SSN/Tax ID 475526005

12/03/99

Page 1

Account Address Langer, Larry E. and Vicky
3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 11/02/99
Thru 12/01/99

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$12,128.95

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-2980	12/01/99	001	Dividend Earnings		242.58
Total Activity				0.00	242.58

Ending Balance
\$12,371.53



Account Num 10000357

SSN/Tax ID 475526005

01/05/00

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Page 1

Statement Period:
From 12/02/99
Thru 01/01/00

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$12,371.53

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3110	01/01/00	001	Dividend Earnings		247.43
Total Activity				0.00	247.43

Ending Balance
\$12,618.96



Account Num 10000357

SSN/Tax ID 475526005

02/03/00

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Page 1

Statement Period:
From 01/02/00
Thru 02/01/00

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$12,618.96

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3217	02/01/00	001	Dividend Earnings		252.38
Total Activity				0.00	252.38

Ending Balance
\$12,871.34

EXHIBIT 7 PAGE 112



Account Num 10000357

SSN/Tax ID 475526005

03/03/00

Page 1

Account Langer, Larry E. and Vicky
Address 3102 White Cloud Rd.
Cheyenne, WY 82001-6140
US

Statement Period:
From 02/02/00
Thru 03/01/00

Phone (307) 634-1168

Account Type 001
Account Rep 001

Beginning Balance
\$12,871.34

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3342	03/01/00	001	Dividend Earnings		257.43
Total Activity				0.00	257.43

Ending Balance
\$13,128.77

EXHIBIT 7 PAGE 113

1 **ALBERT, WEILAND & GOLDEN, LLP**
 2 Theodor C. Albert #81449
 3 Steven J. Katzman #132755
 4 Saar Swartzon #198732
 5 650 Town Center Drive, Suite 1350
 6 Costa Mesa, California 92626.
 7 Telephone: (714) 966-1000
 8 Facsimile: (714) 966-1002

9 Special Counsel for Thomas H. Casey,
 10 Chapter 7 Trustee

00 DEC 26 PM 4:16

CLERK OF COURT
 U.S. DISTRICT COURT
 CENTRAL DISTRICT OF CALIFORNIA

BY: _____ DEPUTY


11 UNITED STATES BANKRUPTCY COURT
 12 CENTRAL DISTRICT OF CALIFORNIA
 13 SANTA ANA DIVISION

14 In re)	Case No. SA 00-12295 JR
15 DFJ ITALIA, LTD.,)	Chapter 7 Case
16)	NOTICE OF LAST DATE TO FILE
17)	PROOFS OF CLAIM
18)	[Federal Rule of Bankruptcy
19 Debtor.)	Procedure 3003(c)(3)]
20)	(No Hearing Required)
21)	
22)	
23)	

24 TO ALL CREDITORS AND PARTIES INTEREST:

25 PLEASE TAKE NOTICE that the United States Bankruptcy Court
 26 has fixed December 31, 2000 as the last date by which creditors in
 27 the case of DFJ ITALIA, LTD., ("Debtor") may file proofs of claim.

28 If you believe you are owed a debt by the Debtor, you must
 file a proof of claim in order to share in a distribution of
 estate assets. If you do not timely file a proof of claim, your
 claim against the estate will be barred and you will not
 participate in any distribution to be paid to creditors from
 estate funds in this case.

00#230
 5/11/05


1 PLEASE TAKE FURTHER NOTICE that if your claim is based on any
2 writing, you must attach copies of any and all such writings to
3 the proof of claim or provide an adequate explanation of your
4 inability to do so. Failure to do so will render your claim
5 subject to objection and possible disallowance.

6 PLEASE TAKE FURTHER NOTICE that in addition to filing your
7 proof of claim with the Ronald Reagan Federal Building, located at
8 411 West Fourth Street, Santa Ana, California 92712, you must mail
9 a copy of the complete proof of claim to general counsel to the
10 Trustee, James Joseph, of counsel to Danning, Gill, Diamond &
11 Kolitz, LLP, 2029 Century Park E., 3rd. Floor, Los Angeles,
12 California, 90067-2904.

13 For your convenience, a proof of claim form is enclosed.
14

15 DATED: October 31, 2000

ALBERT, WEILAND & GOLDEN

16
17 By: 

18 JEFFREY I. GOLDEN
19 Special Counsel for Thomas H.
20 Casey, Chapter 7 Trustee
21
22
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26
27
28

Exhibit 69 Page 44 of 59
Supplemental Information Request

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME CHRIS + TRACEY BLANCH

Investment 1	Investment 2	Investment 3	Investment 4	Investment 5
--------------	--------------	--------------	--------------	--------------

INVESTMENT OR LOANS

1 Amount Invested	\$ 5000	\$	\$	\$	\$
2 Date Invested	6-8-99				
3 Investment form (cash, check, wire, etc)	CHEQUE				
4 Payee - Who was check payable to?	D. F. J.				
5 Source of Funds (IRA, Pension, 401K, etc)	PERSONAL CHECK.				
6 Principal repaid	NONE				
7 Investment Program (Fininvest, Diamond, etc)	FININVEST				

DIVIDENDS and/or INTEREST

Total Dividends or Interest received

\$ —

How were the Dividends or Interest payments made? (check, cash, wire)

—

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

—

Were Dividends or Interest payments added to your principal rather than paid?

—

OTHER

DFJ sales representative

CHAD LUND

What rate of Interest or return was promised?

24% %

Did you receive DFJ Account Ledgers or statements?

☒ YES ☐ NO**SUPPORTING DOCUMENTS**EXHIBIT 7 PAGE 116

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. , not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

Exhibit 8

UNITED STATES BANKRUPTCY COURT CENTRAL District of CALIFORNIA

PROOF OF CLAIM

Name of Debtor
DFJ ITALIA, LTD.

Case Number
SA 00-12295 JR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

STEVEN R. MORRIS

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

STEVEN R. MORRIS
1348 VIA ALTA
SANTA MONICA

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Telephone number: 805 937 3764

Account or other number by which creditor identifies debtor:

12-19-00 10000700

Check here ☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other INVESTMENT PROGRAM

☐ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)

Your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:

7-27-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 20000.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ 20000.00

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Tax or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date

12-19-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

STEVEN R. MORRIS

EXHIBIT 8

PAGE

117 5/12/05

90-7082/3222 2638

STEVEN R. MORRIS
DL PO263288
1348 VIA ALTA (805)937-3784
SANTA MARIA, CA 93455

Date 7-29-99

Pay to the Order of D F T \$20,000⁰⁰

Twenty Thousand Dollars

VFCU VANDENBERG FEDERAL CREDIT UNION
P.O. BOX 5641
VANDENBERG AIR FORCE BASE, CA 93437
(805) 771-8600

For [Signature]

⑆322270822⑆2638⑆041352 5⑈

Exhibit 9

UNITED STATES BANKRUPTCY COURT

Exhibit Exhibit 69 Page 49 of 59

NIA

PROOF OF CLAIM

FILED

Name of Debtor

DFJ ITALIA, LTD.

Case Number

SA 00-12295 JR

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Henri Nurminen

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

Henri Nurminen

27702 Bahamonde
Mission Viejo CA 92692

☐ Check box if you have never received any notices from the bankruptcy court in this case. BY:

Telephone number: (949) 582-5288

☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Acct. No. 10000643 Ref. code - DFS-3237

Check here if this claim

☐ replaces
☐ amends

a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☒ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Rolled my IRA to DFS

- ☒ Retiree benefits as defined in 11 U.S.C. § 1114 (a)
☐ Wages, salaries, and compensations (Fill out below)

Your SS #: 557 - 55 - 0962

Unpaid compensation for services performed

from 6-25-99 to 3-30-00
(date) (date)

2. Date debt was incurred:

6-25-99 → 3-30-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 5,581.99

☒ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 7 maybe

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
☒ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4)
☐ Up to \$1,950* or deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7)
☒ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

12-16-00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Henri Nurminen

THIS SPACE IS FOR COURT USE ONLY

Case # 234
5/12/05

Supplemental Information Request

If you hold a claim against the Debtor as of March 20, 2000, you must fill out the attached Proof of Claim form in order for the Trustee to recognize your claim. The following supplemental information request does not replace the Proof of Claim form. The following information is being requested by the Trustee to supplement the Debtor's records and bank documentation. This information will assist the Trustee in the evaluation of the accuracy and completeness of the Debtor's records and in the processing of claims. If you did not invest in investment programs of the Debtor, you do not need to complete this form.

ACCOUNT HOLDER NAME

Henri Nurminen

Investment 1

Investment 2

Investment 3

Investment 4

Investment 5

INVESTMENT OR LOANS

1 Amount Invested

\$ 4,764.18

\$

\$

\$

\$

2 Date Invested

6-25-99

3 Investment form (cash, check, wire, etc)

check

4 Payee - Who was check payable to?

DFS Italia LLC
Attn: GF Scarpelli

5 Source of Funds (IRA, Pension, 401K, etc)

IRA

6 Principal repaid

?

None yet.

Investment Program
(Fininvest, Diamond, etc)

Fininvest

DIVIDENDS and/or INTEREST

(Never received ANY monies back)

Total Dividends or Interest received

\$ 817.81

How were the Dividends or Interest payments made? (check, cash, wire)

(Noted on paper ONLY)

Frequency of Dividends or Interest payments (monthly, qtrly, etc)

monthly

Were Dividends or Interest payments added to your principal rather than paid?

Added to principal

OTHER

DFJ sales representative

Chad Lund

What rate of Interest or return was promised?

24

%

Did you receive DFJ Account Ledgers or statements?

YES NO

SUPPORTING DOCUMENTS

EXHIBIT 9 PAGE 120

Please attach copies of supporting documents, such as loan agreements, account ledger statements, correspondence, etc. Do not send originals. If you have previously sent your supporting documents to the Trustee, please disregard.

1 ALBERT, WEILAND & GOLDEN, LLP
Theodor C. Albert #81449
2 Steven J. Katzman #132755
Saar Swartzon #198732
3 650 Town Center Drive, Suite 1350
Costa Mesa, California 92626
4 Telephone: (714) 966-1000
Facsimile: (714) 966-1002
5
6 Special Counsel for Thomas H. Casey,
Chapter 7 Trustee

7
8 UNITED STATES BANKRUPTCY COURT
9 CENTRAL DISTRICT OF CALIFORNIA
10 SANTA ANA DIVISION

11 In re) Case No. SA 00-12295 JR
12 DFJ ITALIA, LTD.,) Chapter 7 Case
13)
14) NOTICE OF LAST DATE TO FILE
15) PROOFS OF CLAIM
16 Debtor.) [Federal Rule of Bankruptcy
17) Procedure 3003(c)(3)]
18) (No Hearing Required)

19 TO ALL CREDITORS AND PARTIES INTEREST:

20 PLEASE TAKE NOTICE that the United States Bankruptcy Court
21 has fixed December 31, 2000 as the last date by which creditors in
22 the case of DFJ ITALIA, LTD., ("Debtor") may file proofs of claim.
23 If you believe you are owed a debt by the Debtor, you must
24 file a proof of claim in order to share in a distribution of
25 estate assets. If you do not timely file a proof of claim, your
26 claim against the estate will be barred and you will not
27 participate in any distribution to be paid to creditors from
28 estate funds in this case.

Fininvest Bridge Funding Investment/Loan Agreement

DFJ, the "Managing Director" hereinafter referred to as "MD," of the Fininvest Bridge Fund, and
Henri Nurmnen, the "Bridge Associate," hereinafter referred to as "BA," agree:

That "MD" solely owns and controls one hundred percent of all outstanding shares in the Fininvest Bridge Fund; and

That "BA" acknowledges and ratifies that he/she, by way of its investment, holds no shares, stocks, partnership shares (general or limited) in neither DFJ, Fininvest, LTD, Fininvest Bridge Fund, nor any of their subsidiaries.

ALSO, the "BA" shall have no right at any time to audit the books and records of the "MD," its subsidiaries, holding, officers and employees; nor shall the "BA," his/her agent(s), representative(s) have any voice in the day-to-day operations of either Fininvest Bridge Fund, or the "MD."

Henri Nurmnen 's Sole Relationship to the FUND and the "MD" is best described as a
Bridge Fund Depositor, or Bridge Associate.

Henri Nurmnen shall be admitted as a Depositor upon the terms and conditions set forth herein:

The "BA" shall place on deposit with the Managing Director, DFJ, the sum of 4,764.18 \$US for a period of eighteen months, during which the "BA" agrees not to withdraw any portion of the principle. Upon completion of the initial term of the investment/loan agreement, it shall be automatically renewed at a guaranteed 24% annual interest rate for another eighteen-month period unless the "BA" notifies the "MD" in writing that he/she desires to terminate his/her investment/loan agreement.

Except for the initial eighteen-month period, the "BA" may choose to terminate, in writing, his/her contract at any time for any reason. Upon receipt of written notifications of termination of his/her investment/loan agreement, the "MD" shall deliver to the "BA" his/her principle deposit plus accrued interest within 14 days of said notice.

If the "BA" chooses to terminate the contract prior to the initial 18 month agreement, the "MD" shall deliver the principle investment minus all interest paid to "BA" within 14 days of said notice.

Upon Death, incapacity, or legal disability of the "BA," the "MD" shall contact said beneficiary and offer the option of returning said principle and accrued interest within 14 days or leaving said contract in place and allow the beneficiary to assume said contract and receive all interest payments from that day forward.

The "MD" shall pay a guaranteed annual interest rate of 24% on the principal deposit.

Interest payments on the principal deposit shall be paid monthly at the rate of 2% per month based on the initial investment deposit amount in \$US.

The "BA" understands that Fininvest Bridge Fund is a DFJ offshore investment vehicle and is not responsible to report to the United States Government any earnings, dividends or interest payments made to its Investment/Loan Depositors (BA).

It is the Depositors responsibility to report all earnings to the United States Government and pay the appropriate taxes.

The "BA" agrees to indemnify and hold harmless the Fininvest Bridge Fund, DFJ, its subsidiaries, holding, officers and employees in the event of any legal action taken by the United States Government and its agencies for nonpayment of taxes. Fininvest Bridge Fund Bank is backed and guaranteed by DFJ Italia, LTD.

I would like my monthly interest payments in the form of (select one):

- ☐ Check
- ☐ Wire Transfer into my personal account
- ☐ Direct deposit to offshore account
- ☒ Roll Over

Make checks payable to DFJ

Depositor name and address:

Name	Henri Nurminen
Street Address	27702 Bahamonde
City/State/Zip code	Mission Viejo CA 92692
Telephone	949-784-4080
E-Mail/Fax	

DOB: 3-12-66 Soc. Sec. # 557-55-0963 Drivers Lic. # C2532377

Beneficiary name and address:

Name	Tiffany Nurminen
Street Address	27702 Bahamonde
City/State/Zip code	Mission Viejo, CA 92692
Telephone	
E-Mail/Fax	

DOB: _____ Soc. Sec. # _____ - _____ - _____ Drivers Lic. # _____

DFJ Representative:

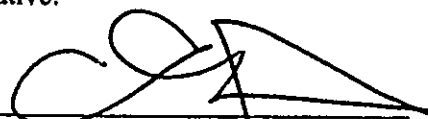
Name	Chad D. Lund
Street Address	18881 Von Karman Ave. Suite 220
City/State/Zip code	Irvine, CA. 92612
Telephone	949-955-2490 x 234
E-Mail/Fax	949-955-2497

Agreed to and signed this day: 6-25-99

Representative:



Signature of Depositor



Chad D. Lund
18881 Von Karman Ave. Suite 220
Irvine, CA. 92612
949-955-2490 Ext. 234

EXHIBIT

9

PAGE 123



June 11, 1999

Charles Schwab
101 Montgomery St.
San Francisco, CA 94104

attn: IRA Transfer Dept.

Henri Nurminen
Soc. Sec. # 557-55-0963
Account # 6730-9435

The D.F.J. Italia LTD. in its capacity as Sponsor of Qualified Retirement Plan Prototypes for both Corporations, Self-employed Individuals, and Individual IRA Plans, will act as Successor Sponsor and accept the retirement plan assets you presently hold for the above named participant. Currently the assets you hold are under an IRA plan. The values are to be transferred to **D.F.J. Italia LTD** and will be treated as a qualified plan under an IRA plan.

The assets to be transferred should be in check form, payable to **D.F.J.** and mailed to the following address:

D.F.J. Italia
18881 Von Karman Ave Suite 220
Irvine, CA 92612
attn: Guy F. Scarpelli

Your prompt attention in this matter will be appreciated.

Sincerely,

A handwritten signature in cursive script that reads 'Guy F. Scarpelli'.

Guy F. Scarpelli
Company Officer

EXHIBIT 9 PAGE 124

June 11, 1999

Charles Schwab

Account # 6730-9435
Henri Nurminen
Soc. Sec # 557-55-0963

To Whom It May Concern,

This is a letter of instruction requesting that you do the following:

1. **Immediately** liquidate the above plan. Please make no attempt at conservation. I understand if there are surrender charges.

2. Transfer the proceeds from/for the above account to **D.F.J.**

The proceeds are to be used to purchase a " Qualified IRA " contract under my retirement plan.

Please make the check(s) payable to **D.F.J.** The check(s) then should be forwarded to the following:

D.F.J. Italia
18881 Von Karman Ave Suite 220
Irvine, CA 92612

Your prompt attention will be appreciated.

Sincerely,



Henri Nurminen

HEADQUARTERS:
THE SCHWAB BUILDING
101 MONTGOMERY STREET
SAN FRANCISCO, CA 94104

Doc 487-2 Filed 05/27/09 Entered 05/27/09 10:55:25 Desc
Exhibit Exhibit 6-9 Page 56 of 59

Customer Copy
Please retain for your records.
Upon the terms and conditions printed on the back hereof and none
other. Please see reverse side for a listing of capacity codes.

We Confirm That You	Quantity	Item Description	Symbol	At The Unit Price Of	Executed On This Date	For Settlement On This Date
BOUGHT	4,762.50	Schwab Money Market Fund SWMXX	1		6/18/99	6/18/99
CASH	6730-9435		808515-10-0		A	FSYY

HENRI NURMINEN
CHARLES SCHWAB & CO INC.CUST
SEP-IRA
25451 ADELANTO
LAGUNA NIGUEL CA 92677

PRINCIPAL AMOUNT	\$4,762.50
TOTAL AMOUNT	\$4,762.50

Additional information about this trade.

- EXECUTED OVER THE COUNTER
- IF YOU HAVE A QUESTION ABOUT THIS TRADE, PLS. CONTACT YOUR INVESTMENT MANAGER.

MMF YY

EXHIBIT

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Bank of America CALIFORNIA DISBURSEMENT ACCOUNT NORTHBROOK, IL		Charles Schwab		NO. 0283876	
70-2328 0715		CHARLES SCHWAB & CO. INC. 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104			
WARNING: THE FACE OF THIS CHECK HAS A BLUE AND GRAY BACKGROUND AND THE BACK HAS AN ARTIFICIAL WATERMARK -- HOLD AT AN ANGLE TO VIEW.					
PAY TO THE ORDER OF		DATE 6/22/99		PAY \rightarrow \$4764.18 PRESENT FOR PAYMENT WITHIN 180 DAYS	
D.F.J. ITALIA, LTD FBO HENRI NURNINEN A/C SSN #557-55-0963 18881 VON KARMAN AVE- STE 220 IRVINE, CA 92612 ATTN: G F SCARPELLI				<i>Henry J. Schind</i>	
⑈0283876⑈ ⑆071923284⑆ 87651⑈01101⑈					

Account Ledger

Account Number 10000643

SSN/Tax ID

Statement Date: 06/30/99

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Account Holder Nurminen, Henri

Address 27702 Bahamonde
Mission Viejo, CA 92692
US

Phone 0-

Account Type Fininvest

Account Rep Chad Lund

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-24029	06/25/99	*	Initial Deposit		4,764.18
Total Activity				0.00	4,764.18

Ending Balance
\$4,764.18



Account Num 10000643

SSN/Tax ID

03/03/00

Account Nurminen, Henri
Address 27702 Bahamonde
Mission Viejo, CA 92692
US

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Statement Period:
From 02/02/00
Thru 03/01/00

Account Type 001

Account Rep 004

Phone ()-

Beginning Balance
\$5,472.54

Reference Code	Date	Category	Transaction Description	Debits	Credits
DFJ-3361	03/01/00	001	Dividend Earnings		109.45
Total Activity				0.00	109.45

Ending Balance
\$5,581.99